



APPLICATION FOR A TRANSPORTER PERMIT

- ☐ **New**

 ☐ **Revoke/Reissue**

 ☐ **Renew**
- ☐ New Transporter Name?
☐ New Physical Address/ EPA ID Number?
☐ New Ownership or Corporate Structure?

Transporter Name: 	Date: <hr style="border: none; border-top: 1px solid black; margin: 5px 0;"/> Phone Number:
Physical Address: 	Completed by: Title: Email Address:
Mailing Address: 	
EPA ID Number: 	
Virginia Transporter Permit Number: (Note: Enter if you already have a Permit)	
1. Please attach financial data: (a) Interstate transporters: Copy of document showing insurance required under 49 CFR Part 387 (MCS-90 Bond or MCS-82 Surety Bond); (b) Intrastate transporter: Either copy of insurance required under 49 CFR Part 387 or latest annual balance sheet.	
2. Incorporated in	
3. Virginia Corporation ID Number (if applicable)	
4. Corporate Headquarters Address: Corporate Telephone Number:	
5. Chief Executive Officer	
6. Are you presently licensed or permitted by any other State to transport hazardous materials or hazardous wastes? <div style="text-align: center;"> Yes <input type="checkbox"/> No <input type="checkbox"/> </div> If yes, attach a list of licensing/permit agency and appropriate code to identify your license/permits	
7. Have you been informed by a State or Federal agency of violations pertaining to the management of hazardous wastes or transportation of hazardous wastes/materials? <div style="text-align: center;"> Yes <input type="checkbox"/> No <input type="checkbox"/> </div> If yes, attach a list giving agency issuing notice of violation and circumstances	

PERMIT APPLICATION CONTINUED

8. Give name, title, address, telephone number, and e-mail address of the principal contact:

9. Do you have a transfer facility in Virginia?

Yes ☐ No ☐

If yes, give the name, physical address, and telephone number of the transfer facility. Also, give name, title, address, telephone number, and e-mail address of the principal contact if different from above.

NOTE: Mail Original Check with a copy of Transporter Permit Application to:

Virginia Department of Environmental Quality
Receipts Control
P. O. Box 1104
Richmond, Virginia 23218

Mail a Copy of the Original Check with the Transporter Permit Application to:

Virginia Department of Environmental Quality
Angela J. Alonso
Office of Waste Permitting and Compliance
P. O. Box 1105
Richmond, Virginia 23218

Certification Below Must Be Signed

I certify that all statements are true and are representative of the ability of to provide hazardous waste transportation services consistent with the Commonwealth of Virginia of Virginia Hazardous Waste Management Regulations.

Name

Title

Date